CITY AND COUNTY OF THE CITY OF EXETER

EDUCATION COMMITTEE

ANNUAL REPORT

UPON THE

SCHOOL HEALTH SERVICE

FOR THE

YEAR ENDED 31st DECEMBER, 1950

E. D. IRVINE, M.D., M.R.C.S., D.P.H.,
SCHOOL MEDICAL OFFICER

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School Health Department,
1a, Southernhay West,
Exeter.

April, 1951.

To the Chairman and Members of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit the report on the work of the school health service for the city during the year 1950. This is my first annual report to you and is based upon the directions of the Minister of Education. First of all, I must refer to the retirement in August, 1950, of Dr. G. F. B. Page, who had been your school medical officer for seventeen years. I would like to acknowledge his courtesy and help to me on my arrival here and also to pay a tribute to the well organised department which he has welded together and administered on your behalf.

The details of the work of the department are set out in the following pages and I hope that they will prove interesting to all who are concerned with the welfare of children in the city.

The child population in the maintained schools is estimated at 8,593 and the effect of the increased birth rate at the end of the war will be making itself felt during the next few years. There is, of course, a considerable number of children in the city attending schools not maintained by the council and the school health service deals only with those who are in such schools with places awarded by the Authority. These schools must house at least 2,000 children although not all of them will normally be Exeter residents.

The general condition of the children was regarded as satisfactory in twelve of every thirteen children examined at the periodic medical inspections ; one child in every fourteen in the schools was referred for eye examination and three in every hundred had their tonsils out during the year. One in every sixteen school children had at some time vermin or nits in the hair, but scabies was, however, almost non-existent.

Despite the poor summer, the infectious diseases other than whooping cough, were not common among children of school age in the city. Poliomyelitis affected 6 Exeter school children and caused 1 death. Whooping cough (133 cases) was prevalent throughout the year but caused no deaths.

It is sad to think that three of the ten deaths in school children during the year were due to accidents.

The school medical service was the first national effort in a personal health service and it was founded because of the anxiety engendered by the evident unfitness of so many recruits to the army at the time of the Boer War. At that time, the so-called " school diseases," which included running ears, sore eyes, impetigo and verminous conditions, were appallingly common and the main credit for their virtual elimination must go to school medical inspection and treatment. The children are now taller and heavier, much better nourished, clothed and housed, and in almost every way the health of the average school child is much better than it was forty years ago. In this report, Dr. Smith draws on her own experience in regard to the minor illnesses to confirm this picture.

The school health service has been in a fortunate position because the medical supervision of the children (now numbering nearly six million) has not been dependent upon the active efforts of the children or their parents. Of course, genuine co-operation is essential for the best results and that has come about over the years. The National Health Service Act, 1946, has to some extent damaged the work of the school health service, particularly, in regard to dental care, to which your senior dental officer makes reference in the body of the report, and also in the partial break-up of responsibility for the medical care of children at school. Our main purposes must remain as, indeed, they have always been, the education of the mothers in regard to the maintenance of the health of their children, the supervision of the environmental conditions in the schools, including the stresses of educational effort, and the early detection of defects with a view to seeking treatment, usually now by private practitioners or hospitals under the National Health Service Act, or otherwise under the Education Act. There is an increasing tendency for children with minor ailments to attend private practitioners which may be burdensome on them. I am glad to say that the relationship with both the hospitals and practitioners is friendly which is essential to complete success in the work.

The periodic medical inspections which are ordinarily carried out three times in a child's school life are not merely a search for defects in order to catalogue them, but are, rather, intended to secure a consultation between the parent, teacher and doctor about the child's general wellbeing and also to secure that defects are noted in an early stage with a view to appropriate treatment and correction. They are health inventories carried out by doctors who are familiar with the whole of the school environment and who can have an immediate influence on school affairs.

One of our major problems is the care of educationally subnormal pupils whose educational backwardness may be due to the less severe degrees of mental defect, to illness or physical handicap or to continuing emotional upset. Partial illiteracy may not be due to lack of intelligence but to emotional disturbance,

but it is a severe handicap in a wide range of educational activity. Whether a day special school is desirable in Exeter is a matter on which opinions are considerably divided, although the need for facilities greater than those now existing is quite undeniable. The work of the Child Guidance Centre is discussed in this report by Dr. Gaussen and Speech Therapy by Miss Wallace. In some respects, these are allied services. In present circumstances, the Child Guidance Centre must be reserved for the more severely maladjusted children ; its work is time consuming, but it is well well worth while. In all, 208 cases have passed through the clinic (two thirds of them boys and one third girls) ; one in four has been delinquent.

The work of the speech therapist is, I think, also particularly important inasmuch as no moderate degree of educational failure is so much of a disadvantage in adult life as speech defect. Where it is a manifestation of an underlying emotional disturbance, then the improvement of the two go hand in hand, but even those speech defects which are not usually due to neurotic or emotional disorders are severe handicaps in the present tempo of life. About 1 in 100 of the school children in the city are under treatment for stammering.

I must thank particularly Dr. Smith, Senior Assistant School Medical Officer, and the other medical, nursing and clerical staff for their work during the year and also the Director of Education, the teachers and parents who have been most interested and helpful.

I also wish to thank you, Mr. Chairman, Ladies and Gentlemen, for your sympathetic attitude to the school health service. We can be quite confident that health and education must go together for, broadly speaking, the work of the world must be done by healthy people.

I am,

Your obedient servant,

E. D. IRVINE.

EXETER EDUCATION COMMITTEE.

(as constituted on 31st December, 1950).

Chairman—

Alderman VINCENT THOMPSON, O.B.E.

Deputy Chairman—

Councillor W. G. DAW.

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Director of Education.

E. D. IRVINE, M.D., M.R.C.S., D.P.H.
School Medical Officer.

STAFF OF THE SCHOOL HEALTH DEPARTMENT.

School Medical Officer of Health	George F. B. Page, M.D., D.P.H. (Edin). (retired 31/8/50).
	Edward D. Irvine, M.D., M.R.C.S., D.P.H., (Liv.), (as from 1/9/50).
Senior Asst. School Medical Officer	Jessie Smith, M.B., Ch.B., D.P.H. (Leeds)
Asst. School Medical Officers ..	Iris V. I. Ward, M.D., M.R.C.S., L.R.C.P., D.C.H. (Lond.).
	Henry G. Magill, M.B., Ch.B., B.A.O. (Belfast), D.P.H., (also Deputy Medical Officer of Health).
Senior Dental Officer	Clifford A. Reynolds, L.D.S., R.C.S., (Eng.).
Assistant Dental Officer	Martin Radford, B.A., L.D.S., R.C.S., (Eng.).
Child Guidance Centre	Hardy S. Gaussen, M.R.C.S., L.R.C.P., (part-time) Psychiatrist.
	Mrs. E. Lewis, M.A. (Oxon), Educational Psychologist
	Miss K. Hunt, B.A. (Leeds), Psychiatric Social Worker
Speech Therapist	Miss E. A. R. Wallace, L.C.S.T.
Superintendant School Nurse	Miss M. M. Foy. (also Superintendent Health Visitor).
School Nurses .... **(Also Health Visitors)**	Miss A. E. Edds
	Miss N. E. Smith
	Miss M. A. Grimm
	Miss L. E. Wathen
	Miss H. Todd. (resigned 6/5/50).
	Miss M. L. Barrett
	Miss G. M. Bastow
	Miss M. A. S. Clarke (from 1/5/50)
	Mrs. E. Stannard (part-time temp.)
Temporary School Nurses	Mrs. D. M. Wakely
	Mrs. K. A. Atkins
Clinic Nurses	Mrs. E. A. M. Knee, G.M. (temporary).
	Mrs. T. S. Tiller, (part-time temporary)
Dental Attendants	Miss E. I. Rose
	Miss A. M. Snowden
Clerks	Mr. W. G. Lott, Clerk in charge (resigned 7/1/50).
	Mr. W. H. Stamp, Clerk in charge (from 9/1/50).
	Miss M. E. Shere, Senior Assistant Clerk (from 23/1/50).
	Miss S. M. Tucker, Assistant Clerk.
	Miss J. Shere, Junior Clerk (temporary)
	Miss W. G. Shears, Clerk. (Child Guidance Centre).
	Mrs. F. G. Trevithick, (part-time temporary) (dental).

STATISTICS AND GENERAL INFORMATION.

Population of City	77,260
Population between 5 and 15 Years ...	9,970
Population of Maintained Schools as at January, 1951	8,593
Number of Schools	33

Pupils			Schools	
Boys	Girls	Total	Department	Number
21	19	40	Nursery	1
1,136	1,114	2,250	Infants	15
1,501	1,304	2,805	Junior	15
1,133	1,174	2,307	Secondary Modern	8
243	—	243	Secondary Technical	1
467	481	948	Secondary Grammar	2
—	—	—	*Special (Delicate) (Honeylands)	1
4,501	4,092	8,593	Totals	43

* 20 places—closed for reconstruction.

Those schools having both infants and juniors have been counted as having 2 departments.

SCHOOL BUILDINGS.

Of the 33 schools, 10 are in modern buildings, and the number of scholars in attendance at these schools is 3,044 (35% of all the children on the rolls of the maintained schools). There are 4 new schools now under construction.

Mr. H. B. Rowe (City Architect) has kindly sent me the

following details of work carried out by his department in the schools during 1950 :—

(a) **Internal Decorations.**

1. Major decorations were carried out at the following schools :—

   Bradley Rowe Infants.
   Montgomery Junior Girls and Infants.
   Holloway Street Junior Girls and Infants.
   Whipton Infants.
   John Stocker Secondary Modern Boys.
   Episcopal Secondary Modern Girls.
   Episcopal Secondary Modern Boys.

2. Internal decorations were also carried out at nine other schools or properties controlled by the Education Committee.

(b) **Alterations.**

A small room at Central Junior Mixed and Infants School was converted into a Staff Room and certain other minor alterations was effected.

(c) **School Meals Service Buildings.**

A kitchen and dining room was erected in York Road for the use of Bishop Blackall School.

The kitchen and dining room at Montgomery School was redecorated internally.

MEDICAL INSPECTION AND TREATMENT.

Inspections.

In a total school population of 8,593, periodic examinations numbered 3,486 and other examinations 4,023.

Approximately 1 in 7 children examined at the periodic inspections were found to require treatment for some defect. (Approximately one third of these children had more than one defect requiring treatment).

The estimates of " general condition " (made by the same medical officers as in 1949) show a slight improvement, 92% being regarded as satisfactory compared with 89% in 1949).

One in 20 of the children examined required treatment for defective vision.

33 children were found to have otitis media (running ears) ; 114 were referred for ear, nose and throat defect treatment, whilst twice as many were referred for observation for the same reasons. Further details are given in Table I at the end of this report.

Treatment.

The location of the school clinics and the attendances are as follows :—

	1948	1949	1950
Central Clinic, 1A, Southernhay West ...	6,329	6,022	5,034
Western Clinic, Buddle Lane Community Centre, Merrivale Road	3,185	3,429	3,099
Eastern Clinic, Burnt House Lane Community Centre, Shakespeare Road	4,334	4,092	3,711
Dental Clinic, 1A, Southernhay West ...	5,110	5,934	5,983

The central school clinic and dental clinic are open all the year round. The branch clinics are open during the school terms : the senior assistant school medical officer examines children at 3 sessions weekly in the central clinic, and an assistant school medical officer attends the branch clinics twice a week.

NOTE ON MINOR AILMENTS BY DR. J. SMITH.

Senior Assistant School Medical Officer.

The present time appears opportune to review the work of the minor ailments clinics to make some comparison with that of past years—pre-war and wartime—giving the clinical as apart from the statistical picture.

In 1929 when I came to Exeter the clinics were treating large numbers of severe septic skin conditions, ringworm of scalp and body and many septic eye conditions but, with the gradual improvement in housing and sanitation, and with the improved personal hygiene resulting largely from parents taking heed of the advice given by medical officers and health visitors, these conditions gradually became less of a menace.

With the influx of evacuees during the war and the consequent extra burdens placed on the mothers in the city, the overcrowded sleeping arrangements, the lack of care when mothers were working and possibly the shortage of fresh fruits and vegetables, there was an alarming rise in the more severe septic skin affections and also of scabies during this period.

Now that conditions are once more normal, the numbers and severity of the conditions have again fallen and apart from the 47 cases of otorrhoea, the rest of the cases have been of a comparatively trivial nature, such as abrasions, small cuts, a few boils and many warts and verrucas. Since the routine use of the electric auriscope whenever a child is examined has been practised, numerous cases of blocked ears due to wax have been found and treated at the minor ailments clinic—this being shown in the numbers treated, though hardly coming into the category of "diseases." No doubt some children who would formerly have attended the minor ailments clinic are now treated by their

private doctors under the National Health Service but the decline in numbers was evident before 1948 and even more important, the severity of the " minor " ailments has quite certainly declined.

Thus, it appears that, if the remaining few unsatisfactory families could be redeemed and the housing conditions improved, one would see the end of most of the septic skin conditions which are already fast disappearing.

Scabies.

It is satisfactory to be able to report a still further decrease in the incidence of scabies, which is now negligible.

YEARLY INCIDENCE OF SCABIES, 1939 - 1950.

Year.	*Families.*	*Cases.*	*School Population.*
1950	3	4	8,593
1949	8	13	8,315
1948	25	37	8,279
1947	57	125	8,098
1946	116	310	7,625
1945	163	275	6,529
1944	229	538	7,301
1943	259	823	6,813
1942	245	707	7,003*
1941	468	950	9,796
1940	167	288	10,891
1939	20	53	7,764

*End of year ; actual population greater in first five months.

Cleanliness Examinations in schools are carried out once a term by the nurses together with the necessary following up visits (the number of individual examinations being 18,789) as well as at the periodic and other inspections by medical officers. The number of *individual* children found to have nits or vermin in the hair at these examinations was 542 giving an overall rate of 6.3%, (11.2% among the girls and 1.8% among the boys). This is an improvement on the 1949 figures. " Sacker " combs are available on loan and for sale at reduced prices ; supplies of preparations containing modern insecticides are provided free of charge. Compulsory cleansing was carried out in respect of 13 children under Section 54(3) of the Education Act, 1944. No prosecutions were undertaken.

Vision.

615 children were referred by the school medical officers to the hospital eye service for refraction : these included 235 children referred for the first time. The standard for reference is visual acuity of 6/12 or less in either eye, poor near vision or symptoms suggestive of eye strain. I am glad to be able to say that there

is now no delay in obtaining spectacles (except in very complicated cases). By arrangement with the staff of the Eye Infirmary appointments for school children are made at the beginning of each morning session and so the loss of school time incurred in attendance has been considerably reduced.

Vision examination of six year old children.

Vision tests were carried out on 203 six year old children, 114 boys and 89 girls, at 3 schools. 14 boys and 9 girls were found to have defective vision with 6/12 in either eye or worse.

12 of them were detected for the first time (6 boys and 6 girls) and were referred for further examination at the West of England Eye Infirmary. It is intended to extend this examination to cover if possible all the six year olds each year.

Operative treatment for adenoids and chronic tonsillitis.

In May, 1950, Mr. C. H. CARROLL, M.R.C.S., D.L.O., who for the past seven years had carried out the operative and consultative treatment on behalf of the Authority, retired. Mr. R. HINDE, F.R.C.S., was appointed by the Regional Hospital Board and continued to carry out adenoid and tonsil work under similar arrangements. All cases referred by the School Health Department are seen by MR. HINDE before operation is decided upon and operative treatment for adenoids and tonsils is done at the City Hospital as formerly, the children spending one night before and two nights after the operation in hospital. Urgent cases are given priority. Other ear, nose and throat operations are carried out at the Royal Devon and Exeter Hospital. No general postponement of operations was necessitated by the outbreak of poliomyelitis in the city ; one session was cancelled because one child who attended the clinic for pre-operative examination was suspected to be a case, and all the other children had been in contact with him. Whether or not adenoid and tonsil or other throat operations are dangerous during the prevalence of poliomyelitis is now the subject of an investigation by the Medical Research Council.

During the year, 269 children had their adenoids and/or tonsils removed, i.e. 3.2% of the school child population. Since 1938, 3,116 adenoid and/or tonsil operations have been performed on school children through arrangements made by this department. Any duplication by children having tonsils removed at one operation and adenoids at another, would be more than compensated by the cases done privately so that this figure may be taken as a minimum. The school population meantime has fluctuated between the low level of 6,813 in 1943, and the high level of 10,891 in 1940, when there were 5,565 evacuees and refugees in the city. Assuming the average intake in the schools to be approximately 750-800 it becomes clear that about 17% of the children have lost their adenoids and/or tonsils during school life. This is a round figure, but cannot be regarded as

exceeding the reality, and may indeed be an understatement.

Year	No. of operations	School population						
1950	269	8,593						
1949	175	8,315						
1948	366	8,279						
1947	264	8,098						
1946	368	7,625	This	includes	5	Evacuees		
1945	265	6,529	,,	,,	9	,,		
1944	184	7,301	,,	,,	787	,,	and 91	Refugees
1943	178	6,813	,,	,,	151	,,		
1942	154	7,003	,,	,,	196	,,	and 100	,,
1941	160	9,796	,,	,,	2,439	,,	,, 456	,,
1940	187	10,891	,,	,,	4,717	,,	,, 848	,,
1939	232	7,764	,,	,,	779	,,	,, 933	,,
1938	314	7,286						

Before 1946 the school population did not include children in the grammar schools.

Otorrhoea.

During the year there were 47 children having treatment at our clinics for running ears of whom 22 had otorrhoea for the first time, the remaining 25 being recurring cases. In 15 of the cases, the housing and/or home conditions were considered to be poor ; 4 of the 22 new cases and 18 of the 25 recurring cases had had their tonsils and/or adenoids removed.

REPORT OF THE SENIOR DENTAL OFFICER.

(By Mr. C. A. Reynolds)

I have the honour to present the report on the school dental service for the year 1950. The statistical details are included in the tables at the end of the report.

Dental Inspections, etc.

In 1949, all the schools had been visited for full inspections, not only to get a picture of the general dental condition of the children, but also in anticipation of a third dental officer being appointed. Thus, there was at the beginning of the year, a very long list of children awaiting treatment. Although a fully equipped temporary clinic in the grounds of the Whipton Infant School was established during 1950, it proved impossible to staff it because a dental officer could not be obtained. Consequently, routine inspections were limited and only about half of the school population was inspected, of whom 52.7% were found to require treatment, and as will be seen from the table, this proportion was approximately constant throughout the age range.

Routine Age Groups :—

Age	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Total
No. inspected	520	449	174	342	396	416	490	436	330	306	253	159	85	61	4,417
No. referred for treatment	260	251	94	187	220	228	274	206	167	149	129	92	44	27	2,328
No. treated*	89	252	230	236	219	203	215	216	272	238	225	53	17	8	2,489

*As some children who had been inspected in 1949 were treated in 1950, and some inspected in 1950 had not been treated by the end of the year, the figures of those treated are not strictly related to those of children examined and referred for treatment, enumerated in this table.

In addition to the above, 33 children were inspected (attending the Chestnut Avenue Nursery School) ; 17 of them were found to require treatment ; 18 children were treated. Of the total of 2,507 children treated, 1,966 were made dentally fit.

Included in those examined were 1,237 new entrants including, besides infants in their first year at school, children of other age groups who had come from other authorities or from non-maintained schools ; of this number 703 were referred for treatment.

Special cases.

Good use is made of the daily time set aside for urgent cases. The majority of " urgent " or " special " cases were those where temporary teeth have been charted, somewhat optimistically, for filling, but toothache has developed. The 112 sessions devoted to inspection included the equivalent of 48 for urgent cases, the number attending the latter averaging between 26 and 27 per session.

Dental treatment.

The proportion of fillings to extractions in permanent teeth is, on first sight, low, but taking into account that 320 teeth were extracted for orthodontic reasons and not because they were unsaveable through caries, the ratio is 2,032 fillings to 567 extractions or 3.57 fillings to 1 extraction. Almost all extractions are carried out under general anaesthesia, using either nitrous oxide or Vinesthine, administered by Dr. J. Smith and Dr. H. G. Magill and I here record my appreciation of the skill and tact which they invariably demonstrate in dealing with all types and sizes of children.

Scaling was carried out for 95 children. Dentures to replace front teeth were made for 22 children.

Orthodontia.

Both dental officers spend one session each week on orthodontic work. While many cases of overcrowding and irregularity were successfully treated by extractions only, others required regulation plates and 61 removable appliances were fitted during the year.

X-ray examinations.

Forty-seven children were referred for x-ray examination, most of them to ascertain the presence and position of unerupted teeth. Last year, you authorised the purchase of an x-ray unit for the dental clinic and it will come into use early in 1951. This was a very wise decision for facilities available on the spot will enable greater use to be made of x-rays, hitherto always limited because of the cost of each individual case ; I also anticipate that it will have paid for itself in four or five years.

Staff.

I have mentioned our inability to attract a third dental surgeon to the service which is not surprising, for the long-awaited improvement in the conditions of service of dental officers employed in local government service did not come about. Until the Ministry of Education—or failing that, the Ministry of Health —can give an incentive to young dental surgeons voluntarily to make a career in the school dental service, the children will continue to suffer dental ill health, and the taxpayers will suffer in pocket the cost of making good this neglect under the national health service.

Meanwhile, two dental officers are employed by the Authority and they carry out treatment for expectant and nursing mothers and for children under school age—the other priority classes—as well as inspection and treatment of school children. Approximately three quarters of their time (or the equivalent of 1.5 whole-time dental officers) is devoted to the work here reported upon, and as the population within the scope of the school health service, (including those children with free places at Maynard and Exeter schools) is approximately 8,800, one dental officer is responsible for about 5,850 children. This is more than twice the optimum number which a dental officer can treat fully.

The position in Exeter is that of the 2,507 children treated, 1,966 received complete treatment of whom about 45%, I estimate, did not require fillings. At the end of the year there were 2,324 children who had accepted and were awaiting treatment of whom 2,279 required fillings—and it must not be forgotten that only about half of the school population was inspected in 1950. Apart from this there were those infants inspected who, although not suffering from tooth-ache, had teeth which were in a hopeless condition and were recommended to wait until tooth-ache occurred. Without a sufficient staff these cases cannot be prevented. Neither can anything be done about following up those cases where parents have not accepted treatment. I think you will agree, therefore, from these brief facts, that a full and efficient dental service should be so staffed that one dental officer should have no more than about 2,250 children under his care.

I conclude this report by expressing my appreciation to all those who have contributed towards the smooth running of the dental service : to the dental staff for their work ; to others in the school health department for their co-operation ; to the headmistresses and headmasters for their friendly welcome and help to us at their schools ; and finally to you, Mr. Chairman, Ladies and Gentlemen, for your constant support.

I am,

Your obedient servant,

CLIFFORD A. REYNOLDS.

HANDICAPPED PUPILS.

In Exeter are situated the West of England School for the Partially Sighted, (93 places resident and 7 non-resident) the Royal West of England School for the Deaf, (127 places resident and 13 non-resident) and the St. Loyes College for the Training and Rehabilitation of the Disabled ; none of these are maintained by the Authority. There are two hospital schools, one at the Princess Elizabeth Orthopaedic Hospital and the other at Honeylands Children's Sanatorium. Whilst there are no ad hoc open air schools there are a number of modern schools in which the hygienic conditions are very satisfactory, and to a considerable extent they are built on " open air school lines," but it must be stated that the regimen is also most important in the treatment of delicate children. The severely educationally subnormal children present an acute problem ; the children suffer—and so do the schools—from the present lack of facilities.

During the year 56 children (29 boys and 27 girls) were examined regarding their educational attainments under Section 34 of the Education Act, 1944. Of these, 21 boys and 21 girls were classified as educationally subnormal and the following recommendations were made :—

	Boys	Girls
Special education in an ordinary school	19	17
Special education in a residential school	1	3
Notified to Mental Health Sub-Committee for statutory supervision on leaving school	1	1
	21	21

In addition, 7 children (3 boys and 4 girls) were examined and classified as ineducable and were permanently excluded from school under Section 57(3) of the Education Act, 1944. Of these cases, 4 had previously been examined and classified as educationally subnormal. Thirty-three children (17 boys and 16 girls) who had been previously classified as educationally subnormal were re-examined on approaching school leaving age ; 21 of these (10 boys and 11 girls) were reported under Section 57(5) of the Education Act, 1944, to the Mental Health Sub-Committee as likely to require statutory supervision on leaving school.

TABLE SHEWING THE NUMBER OF HANDICAPPED PUPILS ATTENDING SPECIAL SCHOOLS AS AT 31st DECEMBER, 1950.

Disability	Total No. of children classified as handicapped as at 31-12-50.	Special School	Resd.		Non Resd.		Total No. of children attending Special Schools	Total No. awaiting admission
			B.	G.	B.	G.		
Blind	4	Royal School of Industry for the Blind, Bristol ...	1	1	—	—	2	...
		Sunshine Home, Abbotskerswell	1	—	—	—	1	—
		Chorley Wood College, Hertfordshire	—	1	—	—	1	—
Partially Sighted	13	West of England School for the Partially Sighted, Exeter	4	2	6	1	13	—
Deaf	5	Royal West of England School for the Deaf, Exeter	—	—	3	2	5	—
Partially Deaf	3	Royal West of England School for the Deaf, Exeter	—	—	3	—	3	—
Physically Handicapped	47	St. Loyes Training College, Exeter	—	—	1	—	1	3
		Princess Elizabeth Orthopaedic Hospital	2	1	—	—	3	—
Epileptic	3	Lingfield Epileptic Colony, Lingfield, Surrey	—	3	—	—	3	—
Educationally Subnormal	114	Royal Western Counties Institution, Courtenay Special School, Starcross, Devon	1	—	—	—	1	—
		Withycombe Hse. Special Sch., Exmouth, Devon	—	2	—	—	2	—
Delicate	120		—	—	—	—	—	—
Maladjusted	94		—	—	—	—	—	—
TOTAL	403		9	10	13	3	35	3

Home Tuition.

Home tuition has been arranged by the Authority for 4 children :—

1 (girl) Poliomyelitis, 2 (1 boy and 1 girl) Congenital deformities, 1 (girl) Generalised Calcinosis.

During the year the Exeter local health authority has opened an occupation centre for children who have been permanently excluded from school under Section 57 (3 & 4) of the Education Act, 1944. It will accommodate 25 to 30 children.

CHILD GUIDANCE CENTRE.

(Report of Dr. H. S. Gaussen, Psychiatrist in charge of the Centre).

The end of 1950 was the conclusion of three complete years' work by the child guidance team, not counting the three months preliminary work in 1947. We have been able to compare our figures for the past year with those before and to form some tentative opinions. Results are not easily shown in statistical form since we are dealing with small numbers, selected groups, changing factors and complicated chains of cause and effect. Nevertheless, consideration of the 208 cases referred and investigated since we opened shows a fairly constant ratio of 2 boys to every girl. The boys' ages centred round 7-8 years, whilst amongst the girls those of 12-14, were the ones more frequently referred. These trends have continued in 1950.

The proportion of delinquents i.e. children known to steal etc., was in line with previous experience and was just under one quarter of the cases. In these the same sex ratio of 2:1 was apparent ; 6 boys and 3 girls out of the 39 cases investigated in 1950.

Taking the 39 cases dealt with in 1950 the broken home was primarily responsible in 7, with extreme deprivation and hospitalization as added difficulties in 2 more ; we concluded that parental strife of a severe, intractable and ceaseless kind was responsible for the maladjustment in 3 cases ; illegitimacy was considered causal in 3, though here heredity was also at work ; and 7 were grouped as familial—i.e. the symptoms followed a family pattern of escapism, infantile behaviour etc. ; 3 cases were put down to traumatic experiences, (one each :— blitz, hospital and car accident) ; causes arising from the child's own personality and unsolved conflicts numbered 4. Of the remaining 10 cases heredity appeared the primary cause in 3 (one being adopted by most unsuitable parents) and 7 must be labelled constitutional, that is, children naturally difficult, odd or unusually gifted.

The number of children referred from abnormal homes has increased and now forms half of the total cases :—

Living with paid foster parents	2	
Severe family strife in home	5	
Brought up in Institution	1	
Adopted	2	
Broken home (parent left)	9	
Illegitimate	1	
	—	20

We cannot avoid the conclusion that these abnormal home conditions have a causal relation to the child's behaviour, but in some cases other factors, such as heredity, must be taken into account, and have been indicated above.

Cases referred have not previously been classified in annual reports according to their medical diagnosis but this might be of interest and importance in the future. The cases were grouped as follows :—

Psycho-neurosis—anxiety state	16
,, hysteric	2
,, obsessional	2
Psychopathic personality	5
Pre-psychotic personality	2
Mental dullness	2
Delinquent and pre-delinquent	10
	39

The range of intelligence quotients has been related to all the foregoing figures, but no useful correlations emerge. This is not surprising as our cases are selected ones from the school population.

52 cases were closed in 1950—many of these had been under our care since 1948. They are classified as follows :—

Much improved	6
Improved	25
Some improvement	1
Some improvement but unsuitable for psychotherapy	2
Diagnostic only	3
Treatment discontinued because children have left school and/or City	6
Parent did not wish child to attend for treatment	6
Transferred to own doctor for physical treatment	2
Approved School (By Court Order)	1
	52

We use the term ' improvement ' rather than ' cure ' because adjustment is never absolute. " much improved " means a radical change has occurred in the patient, whilst " improved " means that the symptoms for which the children were referred have been cleared but some difficulties remain.

During the year 124 children were seen for investigation or treatment. On January 1st, 21 cases were on our waiting list for investigation but we also had a waiting list of 17 cases for treatment. This figure arises from the fact that treatment is sometimes very long and involves carrying the case on our books for a year. It will be seen that vacancies in our time-table only arise as cases gradually cease attendance. The number under our treatment at the end of the year was 51 ; they were attending weekly, fortnightly or monthly. One or other parent is asked to attend if possible each time a child is seen ; contact with the family situation is thus maintained.

The year's work has included much activity in other directions. All members of the team have lectured to interested groups and many visits have been received from students and others

wishing to observe the working of a Child Guidance Centre. Cases are discussed with school teachers and this leads on both sides to an appreciation of the child as a whole. In all this, the need for research has not been forgotten and we are accumulating a mass of material to form the basis for conclusions, and to add to that being gathered by our colleagues all over the country.

SPEECH THERAPY.

(Report by Miss E. A. R. Wallace, L.C.S.T.)

There have been two small changes in the speech therapy arrangements during 1950. A second session is now held at Ladysmith Infants' School on Tuesday afternoons and a centre has been started at Summerway Junior Mixed School, Whipton, on Thursday afternoons. Children are now treated at the following eight centres :—

Alice Vlieland Welfare Centre, Bullmeadow Road.
Merrivale Road Community Centre.
Ladysmith Infants' School.
John Stocker Junior Boys' School.
University College of the South West, Gandy Street.
Whipton Infants' School.
Summerway Junior Mixed School.
St. Paul's Church Hall, Burnthouse Lane.

Many of these centres are unsuited to speech therapy and lack a waiting room and adequate cupboard space for storing equipment, but the advantage of having a large number of centres is, that most of the children can reach them from school without escort and they miss a minimum of school work.

Children needing speech therapy are referred to the speech therapist via one of the assistant school medical officers. Some children are referred by their head teachers, others are discovered at school medical inspections and a few are referred by their parents. The speech therapist visits infant and junior schools once a term and sees any cases the head teachers think might benefit by treatment. If they are suitable they are then referred to the assistant school medical officer.

All children with speech defects are admitted for treatment provided they are reasonably intelligent and are not deaf. Children with indistinct speech, but no true abnormality, are not admitted nor are those with the very common substitution of ' f ' for ' th ' and no other defect. When a very young stammerer is referred for treatment, it is sometimes advisable to concentrate on giving advice to the parents while keeping child under observation.

When a new case is admitted, the mother attends the first treatment. She gives any information she can about her child and receives advice on the best ways of helping him overcome his

difficulty. If no further queries arise the mother visits the clinic about three times a year and if for any reason it is impossible for her to attend the therapist visits the home.

Children receiving regular speech therapy attend the clinic once a week. Stammerers are treated in small groups arranged according to their age, but children with defective articulation are treated individually.

When a child is ready for discharge, he is first temporarily discharged and kept under observation for about six months. If his improvement is maintained, he is then discharged, but teachers are asked to report any recurrence of the defect.

Analysis of the cases treated during the year, and their progress :—

Defect	On list 1st Jan.	Admitted	Total No. treated	Discharged Cured	Left before completing Treatmeut	Improved or Temporarily Discharged	No Change
Stammering	60	19	79	18	8	37	16
Simple Dyslalia*	12	8	20	7	2	8	3
Multiple Dyslalia	10	5	15	3	—	7	5
General Dyslalia	18	12	30	13	—	11	6
Voice Defects	2	—	2	1	—	1	—
Language Defects	3	2	5	3	—	2	—
Cleft Palate Speech	4	2	6	—	—	2	4
Multiple Defects	6	6	12	2	1	5	4
Totals	115	54	169	47	11	73	38

Distribution of cases according to age and sex :—

Defect.	Total treated.	Pre-School		Infants		Junior		Senior	
		Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Stammering	79	—	—	5	2	32	8	29	3
Simple Dyslalia*	20	—	—	1	2	7	4	3	3
Multiple Dyslalia	15	—	—	4	2	6	2	—	1
General Dyslalia	30	—	—	12	3	15	—	—	—
Voice Defects	2	—	—	—	—	1	—	1	—
Language Defects	5	—	—	1	2	1	1	—	—
Cleft Palate Speech	6	—	—	1	—	1	2	1	1
Multiple Defects	12	—	1	2	—	7	—	2	—
Totals	169	—	1	26	11	70	17	36	8

Total number of sessions during the year ... 341
Total number of attendances during the year... 2,689

(*Dyslalia means articulatory defects)

Of the 19 cases of stammering admitted for treatment, 7 were from infant schools, 10 from junior schools and 2 from senior schools. The majority of the severe articulatory defects were from infant schools. Of the cases awaiting treatment, 2 are stammerers both from junior schools and 17 have articulatory defects, 15 of these are from infant schools.

Plans are being made to obtain a tape recording apparatus. Such a machine enables the speech therapist to make an accurate record of a child's speech and thereby assist his progress. It provides a method of getting a child to realise his errors which is often the first step in treatment. Many therapists are now using these machines and find them an invaluable aid in treatment.

The speech therapist attended the International Speech Therapy Conference at Amsterdam at the end of August. Although this was not a very helpful conference from the therapeutic point of view, some lectures on speech pathology were extremely interesting and the contact with speech therapists from other countries was very valuable.

INFECTIOUS DISEASES.

Notification of Infectious Disease in 1950 in children (Exeter residents) 5-15 years of age.

Disease	*Boys*	*Girls*
Scarlet Fever	16	22
Whooping Cough	62	71
Poliomyelitis—Paralytic	1	3
Poliomyelitis—Non Paralytic	2	—
Measles	5	6
Pneumonia	5	4
Dysentery	3	1
Food Poisoning	1	—
Tuberculosis—Respiratory	4	1
Tuberculosis—Non-Respiratory	1	2
Totals	100	110

TUBERCULOSIS.

SCHOOL CHILDREN SUFFERING FROM TUBERCULOSIS.

Position as at 1st January, 1950.

	Pulmonary		Bones and Joints		Cervical Glands		Others		Total	
	B.	G.	B	G.	B.	G.	B.	G.	B.	G.
Children attending maintained Primary and Secondary Schools	9	7	1	1	5	4	3	2	21	14
Children attending a special school	—	—	—	—	—	—	—	—	—	—
Not attending school ..	—	—	—	—	—	—	—	—	—	—
Children in Hospital	—	—	—	—	—	—	—	—	—	—
TOTALS	9	7	1	1	5	4	3	2	21	14

Changes during 1950.

	Pulmonary		Bones and Joints		Cervical Glands		Others		Total	
	B.	G.	B.	G.	B.	G.	B.	G.	B	G.
New notifications during 1950	4	1	—	—	1	1	—	—	5	2
Children reaching 5 years of age during year	—	—	—	—	—	1	—	—	—	1
TOTALS	4	1	—	—	1	2	—	—	5	3
Cases leaving school during the year	1	1	—	—	—	1	1	—	2	2
Cases removed from register	1	1	—	1	—	—	—	—	1	2
TOTALS	2	2	—	1	—	1	1	—	3	4

Position as at 31st December, 1950.

	Pulmonary		Bones and Joints		Cervical Glands		Others		Total	
	B.	G.	B.	G.	B.	G.	B.	G.	B.	G.
Children attending maintained Primary and Secondary Schools	11	6	1	—	6	5	2	2	23	13
Children attending a special school	—	—	—	—	—	—	—	—	—	—
Not attending school .	—	—	—	—	—	—	—	—	—	—
Children in Hospital	—	—	—	—	—	—	—	—	—	—
TOTALS	11	6	1	—	6	5	2	2	23	13

DEATHS.

During the year 1950, 10 children of school age, i.e. between 5 and 15 died. The death rate is, therefore, approximately one per thousand compared with the country as a whole of approximately .67 (in 1948) in this age group.

The causes of death were :—

Accidental	3	(1 girl and 2 boys)
Heart disease	2	(1 Rheumatic and 1 Congenital)
New Growths	2	
Diabetic	1	
Peritonitis	1	
Poliomyelitis	1	

SCHOOL MEALS AND MILK.

Miss C. Cusworth (Organiser of School Meals) has kindly sent me the following information.

The Authority's general arrangements remain the same as in 1949. Meals are prepared and cooked in four area kitchens, viz. :—

No. 1. Paul Street ;
No. 2. Montgomery School ;
No. 3. Bradley Rowe School ;
No. 4. Ladysmith School.

These are augmented by self-contained sub-kitchens at Whipton Infants' School, Hele's School, Bishop Blackall School and Chestnut Avenue Nursery School. Paul Street, Montgomery and Bradley Rowe kitchens also provide meals for the local health authority's day nurseries on repayment.

On January 1st, 1950, the charge for dinners was increased by one penny, therefore charges became as follows :—

Where one child in the family takes the meal, 6d.
Where two children in the family take the meal, 5d. each.
Where three or more children in the family take the meal 4d. each.
Necessitous children free.

In order to conform with the requirements of the Ministry of Education Circular 210 dealing with economies a new scale of charges came into operation on February 27th, 1950.

The new charges were :—

For the first child in a family, 6d.
For the second child in a family, 5d.
For the third child in a family 4d. and for each of any subsequent children 4d. Necessitous children continued to have a meal free of charge.

The percentage of children taking milk on a certain day (October 10th, 1950), was 90.2 and the percentage taking dinners was 40.4.

During the major holidays meals were provided for necessitous children at Bradley Rowe, Ladysmith and Montgomery Schools ; 50% of those eligible attended for meals.

The Senior Assistant School Medical Officer attends the meetings of the School Meals Sub-Committee.

The school nurses enquired during October and November into the practice of taking to school food to be eaten by the children at the morning " break," which it had been considered (by Dr. Ffrangcon Roberts in the British Medical Journal) might affect their appetite for the mid-day meal. In the infant schools varying proportions from nil (forbidden by staff) to three quarters of the children were taking food in biscuits, bread and butter, cakes, sandwiches, etc. ; in the junior schools the proportion was from nil to two fifths of the children, and among the seniors the figures were from nil (generally) up to one half. Milk was ordinarily taken about 10.15-11 a.m., and the impression gained was that the milk and the packed lunch when taken had no obvious adverse effect on the child's appetite for its mid-day meal. Wastage of food was small. I consider the habit of bringing food to school for mid-morning consumption is not a good one ; the only excuse for it is when the child has not had a satisfactory breakfast but the remedy for this is obvious. School milk should be taken fairly early in the mornings.

Staffing.

As was mentioned by Dr. Page in last year's annual report the grouping and division of the city for health visiting and school nursing purposes needs consideration. At present there are four areas in each of which health visitors and school nurses are associated. So far, it has not been possible to maintain a complete staff of qualified health visitors, and the four school nurses are on a temporary basis, two of them acting as clinic nurses only.

Health Education.

Health education is a duty of the local health authority under Section 28 of the National Health Service Act, 1946. In addition, medical officers and school nurses do much useful work in this direction in their daily contacts with parents. Members of the medical and dental staff are always prepared to give talks to senior pupils and parent-teacher associations when requested to do so.

Further Education.

A medical inspection of girls taking the whole-time secretarial course at the Central Technical College, Bartholomew Street West, is carried out once a year by the senior assistant school medical officer who, also carries out such follow-up work and re-examinations as may be necessary. 22 students were examined this year of whom 8 were found to require treatment.

TABLE I.

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (Including Special Schools).

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—

Entrants	879
Second Age Group	956
Third Age Group	707
TOTAL ...	2,542

Number of other Periodic Inspections ...	944
GRAND TOTAL	3,486

B.—OTHER INSPECTIONS.

Number of Special Inspections	1,651
Number of Re-Inspections	2,372
TOTAL ...	4,023

C.—PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual Pupils found at Periodic Medical Inspections to require Treatment (excluding Dental Diseases and Infestation with Vermin).

Group (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIA. (3)	Total individual pupils (4)
Entrants	6	165	126
Second Age Group	60	140	140
Third Age Group	45	72	104
Total (prescribed groups)	111	377	370
Other Periodic Inspections	55	77	100
Grand Total	166	454	470

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1950.

Defect Code No.	Defect or Disease	Periodic Inspections. No. of Defects. Requiring Treatment	Periodic Inspections. No. of Defects. Requiring to be kept under observation but *not* requiring Treatment	Special Inspections. No. of Defects. Requiring Treatment	Special Inspections. No. of Defects. Requiring to be kept under observation but *not* requiring Treatment
	(1)	(2)	(3)	(4)	(5)
4	Skin	39	42	255	15
5	Eyes—				
	a. Vision	166	126	159	14
	b. Squint	14	15	2	—
	c. Other	23	24	13	3
6	Ears—				
	a. Hearing	6	9	—	2
	b. Otitis Media	24	9	11	1
	c. Other	58	19	91	4
7	Nose or Throat	114	242	185	16
8	Speech	15	27	11	3
9	Cervical Glands	9	38	1	2
10	Heart and Circulation	2	22	1	2
11	Lungs	19	95	10	9
12	Developmental—				
	a. Hernia	3	13	1	1
	b. Other	3	33	3	5
13	Orthopaedic—				
	a. Posture	5	12	—	—
	b. Flat foot	16	25	—	1
	c. Other	29	90	23	18
14	Nervous System—				
	a. Epilepsy	—	2	—	—
	b. Other	—	26	—	2
15	Psychological—				
	a. Development	2	24	—	9
	b. Stability	1	22	14	17
16	Other	11	65	48	27

B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS.

Age Groups.	Number of Pupils Inspected	A. (Good) No.	A. (Good) % of col. 2.	B. (Fair) No.	B. (Fair) % of col. 2.	C. (Poor) No.	C. (Poor) % of col. 2.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	879	333	37.89	483	54.94	63	7.17
Second Age Group	956	240	25.10	634	66.32	82	8.58
Third Age Group	707	237	33.52	421	59.55	49	6.93
Other Periodic Inspections	944	266	28.18	605	64.09	73	7.73
TOTAL	3,486	1,076	30.87	2,143	61.47	267	7.66

TABLE III.

INFESTATION WITH VERMIN.

(i)	Total number of examinations in the schools by the school nurses or other authorized persons	18,789
(ii)	Total number of *individual* pupils found to be infested	542
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)....	80
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	13

TABLE IV.

Group I.—Diseases of the Skin (excluding uncleanliness, for which see Table III).

	Number of cases treated or under treatment during the year	
	By the Authority	Otherwise
Ringworm— (i) Scalp	—	—
(ii) Body	7	1
Scabies	4	1
Impetigo	7	2
Other skin diseases	109	86
TOTAL	127	90

Group II.—Eye Diseases, Defective Vision and Squint.

	Number of cases dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint	119	76
Errors of Refraction (including squint)	—	621
TOTAL	119	697
Number of pupils for whom spectacles were—		
(a) Prescribed	—	461
(b) Obtained	—	413

Group III.—Diseases and Defects of Ear, Nose and Throat.

	Number of cases treated	
	By the Authority	Otherwise
Received operative treatment—		
(a) for diseases of the ear	—	9
(b) for adenoids and chronic tonsillitis	—	298
(c) for other nose and throat conditions	—	12
Received other forms of treatment	367	311
TOTAL	367	830

Group IV.—Orthopaedic and Postural Defects.

(a) Number treated as in-patients in hospitals	32	
	By the Authority	Otherwise
(b) Number treated otherwise, e.g., in clinics or out-patient departments	—	84

Group V.—Child Guidance Treatment.

	Number of cases treated	
	In the Authority's Child Guidance Clinic	Elsewhere
Number of pupils treated at Child Guidance Clinic	124	—

Group VI.—Speech Therapy.

	Number of cases treated	
	By the Authority	Otherwise
Number of pupils treated by Speech Therapist	169	—

Group VII.—Other Treatment Given.

	Number of cases treated	
	By the Authority	Otherwise
(a) Miscellaneous minor ailments	1,563	48
(b) Other (specify)—		
Heart conditions : rheumatism and chorea	—	18
Lungs : tuberculosis and bronchitis	—	38
Hernia : and other developmental defects	—	17
Epilepsy : and other nervous conditions	—	22
Miscellaneous : glands, abdomen, urinary conditions, etc.	—	166
TOTAL	1,563	309

TABLE V.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

(1)	Number of pupils inspected by the Authority's Dental Officers :—		
	(a) Periodic age groups		4,450
	(b) Specials		1,279
		TOTAL (1)	5,729
(2)	Number found to require treatment		3,624
(3)	Number referred for treatment		3,624
(4)	Number actually treated		2,507
(5)	Attendances made by pupils for treatment		5,983
(6)	Half-days devoted to : Inspection		112
	Treatment		618
		TOTAL (6)	730
(7)	Fillings : Permanent Teeth		2,032
	Temporary Teeth		207
		TOTAL (7)	2,239
(8)	Number of teeth filled : Permanent Teeth		1,976
	Temporary Teeth		193
		TOTAL (8)	2,169
(9)	Extractions : Permanent Teeth		887
	Temporary Teeth		2,410
		TOTAL (9)	3,297
(10)	Administration of general anaesthetics for extraction		1,557
(11)	Other operations : Permanent Teeth		1,226
	Temporary Teeth		93
		TOTAL (11)	1,319